

Aug. 24. 2016 6:40PM

No. 3650

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/11/2016  
FORM APPROVED  
OMB NO. 0938-0391

454 9/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445286	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2016
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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION- FAIRPARK

STREET ADDRESS, CITY, STATE, ZIP CODE

307 N FIFTH ST BOX 5477

MARYVILLE, TN 37801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: A. Based on observation and interview, the facility failed to maintain fire doors.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 8/8/16 between 7:00 PM and 9:00 PM revealed;</p> <ol style="list-style-type: none"> <li>1. The cross-corridor fire doors in the service corridor had the label painted over.</li> <li>2. The 45 minute fire door from the kitchen failed to close to a positive latch.</li> <li>3. The fire door to the kitchen mechanical room failed to close and latch.</li> <li>4. The fire door from the kitchen to the service corridor had the label painted over.</li> <li>5. The laundry fire door to the service corridor had the rating painted over.</li> <li>6. The cross-corridor fire doors by room 200 failed to close to a positive latch, and the rating was painted over.</li> </ol> <p>NFPA 101, 8.2.3.2.1 &amp; NFPA 80, 15-2.5.3, 15-1.4</p> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 8/8/16.</p> <p>B. Based on observation and interview, the facility failed to maintain fire rated assemblies.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 8/8/16 between 6:45 and 8:30 PM revealed;</p>	K 130	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The cross-corridor fire doors in the service corridor, the fire door from the kitchen to the service corridor, the laundry fire door to the service corridor and the cross-corridor fire doors by room 200 all had paint removed from fire rating label on 8/15/2016. All fire doors were inspected by Plant Operations Supervisor to assure no other labels were painted. Education was provided to Plant Operations Assistant on standard to be met to maintain fire doors. A monthly inspection will be conducted by Plant Operations Supervisor and reported to the Performance Improvement Committee at regular scheduled meetings for review. The attendees for this committee include the Executive Director, Director of Nursing, Medical Director, Culinary Manager, Assistant Director of Nursing, Staff Development Coordinator, Admissions Coordinator, Business Office Manager, Case Manager, MDS Coordinator, Social Services, Activity Director, Plant Operations Supervisor and Medical Records.</p> <p>The fire door to the kitchen mechanical room was repaired by Plant Operations Supervisor on 8/11/2016 to assure it closed and latched</p> <p>The 45 minute fire door from the kitchen and</p>	8/15/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Danna D. Hammon

TITLE

Executive Director

(X6) DATE

8/24/16

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION- FAIRPARK			STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 MARYVILLE, TN 37801		
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K 130	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. The mechanical/sprinkler riser room had an unsealed penetration in the rated ceiling around an all thread rod.</li> <li>2. The clock room mechanical room had an unsealed penetration around flexible conduit. NFPA 101, 8.2.3.2.4.2</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 8/8/16.</p>	K 130	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>the cross-corridor fire doors by room 200 were inspected 8/17/2016 by a certified Fire Door Company. New door closures were ordered for cross-corridor fire doors and a new door was ordered to replace the 45 minute fire door from the kitchen. These will be installed immediately when received.</p> <p>The unsealed penetrations in the Mechanical/sprinkler riser room and the clock room mechanical room were sealed by Plant Operations Supervisor on 8/11/2016. A monthly inspection will be conducted by the Plant Operations Supervisor and reported to the Performance Improvement Committee at regular scheduled meetings for review. The attendees for this committee include the Executive Director, Director of Nursing, Medical Director, Culinary Manager, Assistant Director of Nursing, Staff Development Coordinator, Admissions Coordinator, Business Office Manager, Case Manager, MDS Coordinator, Social Services, Activity Director, Plant Operations Supervisor and Medical Records.</p>	<p>9/24/16 per admin 8/17/2016</p> <p>8/11/2016</p>	